

HAND DELIVERED

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2014 JAN -6 AM 10:07  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

FEC MAIL CENTER

Suzanne Scholte

ADDRESS (number and street)

6312 Seven Corners Center, #167

☐

(Check if address  
is changed)

Falls Church

VA

22044

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address  
is changed)

mtamargo@pobletetamargo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

01 / 06 / 2014

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

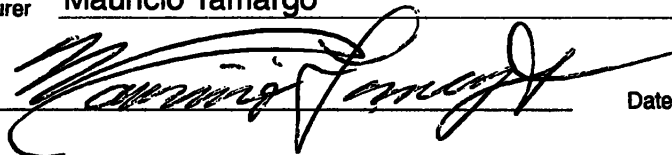
AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mauricio Tamargo

Signature of Treasurer



Date

01 / 06 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

14031150104

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Suzanne Scholte

Candidate Party Affiliation

REP

Office Sought:



House



Senate



President

State

VA

District

11

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |  |               |   |
|----|--|---------------|---|
| 1. |  | FEC ID number | C |
| 2. |  | FEC ID number | C |
| 3. |  | FEC ID number | C |
| 4. |  | FEC ID number | C |

14031150105

Write or Type Committee Name

Suzanne Scholte for Congress

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N/A

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mauricio Tamargo, Esq.

Mailing Address

1020 16th Street, NW, Suite 700

Washington

DC

20036

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 202 - 558 - 9643

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Mauricio Tamargo, Esq.

Mailing Address

1020 16th Street, NW, Suite 700

Washington

DC

20036

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 202 - 558 - 9643

14031150106

Full Name of  
Designated  
Agent

N/A

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Capitol One Bank

Mailing Address

6367 Seven Corners Center

Falls Church

VA

22044

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

N/A

Mailing Address

CITY

STATE

ZIP CODE

14031150107

FEDERAL ELECTION  
COMMISSION  
PUBLIC DISCLOSURE  
DIVISION

2014 JAN -6 AM 11:35



poblete | tamargo

**MAURICIO J. TAMARGO**  
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14031150108

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.



Hand Delivered

Date of Receipt

1/6/13



USPS First Class Mail

Postmarked



USPS Registered/Certified

Postmarked (R/C)



USPS Priority Mail

Postmarked



USPS Priority Mail Express

Postmarked



Postmark Illegible



No Postmark



Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery



Received from House Records & Registration Office

Date of Receipt



Received from Senate Public Records Office

Date of Receipt



Received from Electronic Filing Office

Date of Receipt



Other (Specify):

Date of Receipt or Postmarked



PREPARER

1/6/13

DATE PREPARED

(8/2013)

14031150109